

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/509828**

FILING DATE

APPLICANT(S)

**CLAIMS**

	ORIGINAL CLAIM		INDEPENDENT CLAIM		DEPENDENT CLAIM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3			
TOTAL DEP.	61		23			
TOTAL CLAIMS	64		25			

	ORIGINAL CLAIM		INDEPENDENT CLAIM		DEPENDENT CLAIM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY